

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 3, 1986

ALL-COUNTY LETTER NO. 86-04

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SIMON v. McMAHON

REFERENCE: ACIN NO. I-84-85 AND I-99-85 (MPP 40-118.11 and .12, 42-213.2q, 44-133.31 44-205.41 AND 44-205.42)

In ACIN No. I-84-85 you were informed that on October 17, 1985, the California Supreme Court issued an order in the case of Simon v. McMahon. The order enjoins the Department from enforcing the above-cited regulations. These regulations require the consideration of income and/or property of potentially eligible children in determining AFDC eligibility and grant amount regardless of whether such income and/or property belongs only to a particular child (e.g., Social Security benefits, child support, earnings, etc.). ACIN No. I-84-85 also suggested that the counties begin flagging the affected cases effective October 17, 1985.

Originally it was assumed that the only affected cases would be those that include related children with restricted income and/or property only. It is now clarified that the affected cases must include related children with any income and/or property.

The purpose of this letter is to provide you with specific instructions and materials necessary to implement the terms of the Simon injunction. The implementation will be effective beginning with the November 1, 1985 grant for ongoing cases and October 17, 1985 or later for cases that were denied or terminated or that came on aid on or after October 17, 1985.

The attachment specifies actions which the counties must take in order to implement the terms of the Simon injunction. The counties must identify and notify all cases in which aid has been reduced, denied, terminated or granted at the reduced amount due to the effect of the challenged regulations cited above. The affected families must first be given the option of excluding children with any income and/or property from the assistance unit. If the family exercises this option, its AFDC grant shall be adjusted or restored without the application of the challenged regulations.

In addition to the detailed implementing instructions, the following implementation materials are attached:

- 1) A reproducible copy of the Informing Notice to affected cases (in English and Spanish)
- 2) A reproducible copy of the Notices of Action in English (Spanish version to come on approximately January 21, 1986)
- 3) A reproducible copy of the NA Back 5 to be used with the Notices of Action
- 4) Instructions on Completing Notices of Action
- 5) Statistical Reporting form
- 6) Claiming Instructions

As explained in the attached claiming instructions, Simon cases will all be claimed nonfederal as this court case is challenging state law and constitution. We are, however, asking the counties to flag or otherwise identify those Simon cases that are also potential Creaton cases. In the case of Creaton v. Heckler, the plaintiffs are challenging federal law and regulations regarding the mandatory inclusion of related children with Social Security (i.e., OASDI) benefits. In the event the U.S. Department of Health and Human Services and this Department lose in Creaton, such identification would enable us to claim federal financial participation (FFP) for those Simon cases that are also Creaton cases.

For federal AFDC Quality Control (QC) purposes Simon cases will be treated according to the case status in the QC review month. Those cases for which the Simon requirements had been implemented as of the review month will be dropped from the sample since these Simon cases will be claimed nonfederal. Those cases for which the Simon requirements had not been implemented as of the QC review month will remain in the sample and will be reviewed in accordance with the regulations that were in effect prior to the implementation of the Simon injunction.

If you have any questions regarding the implementation instructions, informing notice or Notices of Action, please contact Ms. Margaret Brown of the AFDC Program Development Bureau at (916) 322-5387 or (ATSS) 492-5387. If you have any questions regarding the statistical report form, please contact Mr. Levy St. Mary of the Statistical Services Branch at (916) 322-5462 or (ATSS) 492-5462. If you have any questions regarding the claiming instructions, please contact Stephanie Davis of the Fiscal Policy and Procedures Bureau at (916) 445-7046 or (ATSS) 485-7046.

Robert A. Horel

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

Attachments

1. Implementing Instructions
2. Fiscal Claiming Instructions
3. Simon v. McMahon Informing Notice (English and Spanish)
4. Instructions on Completing Simon v. McMahon Notices of Action
5. Simon v. McMahon Notices of Action (English):
 - a. Retroactive: Grant Increase, Restoration of Aid, Granting of Aid
 - b. Computation Page (Back Aid)
 - c. Prospective: Restoration of Aid, Granting of Aid
 - d. Prospective: Grant Increase
 - e. Denial: Property
 - f. Denial: Gross Income
 - g. Denial: Net Income
 - h. Denial: No Eligible Child, Other
 - i. General (blank) Notice - Page 1
 - j. General (blank) Notice - Continuation Sheet
6. The NA Back 5 to be used with the Notices
7. Statistical Reporting Form

IMPLEMENTING INSTRUCTIONS

(Simon v. McMahon)

1. Definition of Affected Cases

Cases affected by the Simon injunction are:

- a. All families in California whose AFDC grant has been reduced because of the consideration of the income of children who were or could have been excluded from the assistance unit (AU) prior to the implementation of MPP Sections 40-118.11, 42-213.2q, 44-133.31, 44-205.41 and 44-205.42. (Also included in this definition are those families whose applications were granted at the reduced amount prior to October 17, 1985 because of the consideration of the income of related children);
- b. All families in California whose AFDC grant was terminated on or after October 17, 1985 because the family was unwilling to apply for a related child in the home who had some income and/or property or because the income and/or property of the child was counted in determining the family's eligibility;
- c. All families in California whose application for AFDC was denied on and after October 17, 1985 because the family was unwilling to apply for a related child in the home who had some income and/or property or because the income and/or property of the child was counted in determining the family's eligibility; and,
- d. All families in California whose application for AFDC was granted at the reduced amount on or after October 17, 1985 because the income of a related child in the home was counted in determining the family's eligibility and grant amount.

Also affected are certain parents of a child with income and/or property, who were included in the filing unit in accordance with MPP Section 40-118.12 solely because his/her child was mandatorily included in the filing unit.

2. Prospective Implementation

In order to comply with this court order, counties must immediately cease the following activities prospectively:

- a. Requiring, as a condition of eligibility for AFDC, that families apply for related child(ren) residing in the home who have income and/or property (MPP 40-118.11 and 44-205.41); and,

- b. Reducing, denying or terminating AFDC benefits for families applying for or receiving AFDC when the basis of the reduction, denial or termination is the treatment of a child's income and/or property as a family resource when the family would choose to have the child with income and/or property excluded from the AU (MPP 42-213.2q, 44-133.3 and 44-205.42).

The Simon injunction does not affect the county's ability to assess or recoup overpayments, for any month(s) between February 1985 and October 1985, that resulted from late application of the challenged regulations which were in effect at the time. More specifically, the Simon injunction does not prohibit the counties from notifying families that they have been overpaid, or collecting or attempting to collect such overpayment through grant adjustment or any other method.

3. **Grant Adjustment for Current Cases and Reinstatement of Aid for Cases Denied or Terminated**

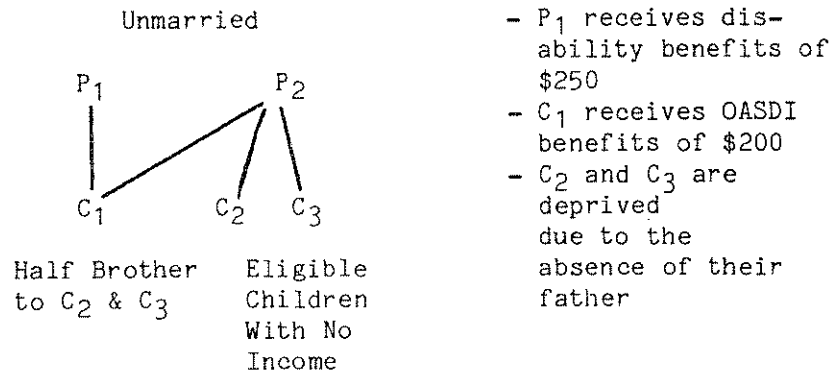
Counties must take the following action within the time frame specified below:

- a. For family members whose AFDC grant has been reduced as a result of the inclusion of income of a related child who is not currently in the AU (e.g., declining of aid):
 - 1) identify affected cases;
 - 2) restore benefits to the amount to which they would otherwise have been entitled, without counting the child's income, beginning with their November 1985 grant;
 - 3) send an appropriate Notice of Action.
 - 4) The actions specified in 1) through 3) above must be taken within 60 days of receipt of this letter.
- b. For the remainder of the affected families (which includes families whose AFDC grant has been reduced because of the mandatory inclusion, in the AU, of a child with income, and families whose AFDC grant was terminated or whose application for AFDC was denied or granted at the reduced amount on or after October 17, 1985 because the family was unwilling to apply for a related child in the home who has income and/or property, or because of the inclusion of income and/or property of the child):
 - 1) Within 60 days of receipt of this letter, identify affected cases and notify them of their potential eligibility for AFDC or a larger grant amount without the mandatory inclusion in the AU of related children with income and/or property (the attached informing notice must be used for these purposes);

2) Within 45 days of receipt of the response from the affected families:

- a) for those who request more information about their choices, promptly contact the family by telephone or mail and set up a personal interview. The purpose of the face-to-face meeting is to explain to the claimant the options and consequences of including or excluding related children with income and/or property. The attached informing notice shall be used to document the claimant's decision regarding this option. If the family currently on aid decides to exclude such children from the AU, take the action specified in b) or d) below, whichever is appropriate.
- b) for ongoing cases in which the family requests the exclusion of related children with income, remove such children from the AU and redetermine the family's eligibility. Rescind the action of counting the income of the related children and, if the family is found eligible, restore benefits to the amount to which it would otherwise have been entitled effective with the November 1985 grant and send an appropriate Notice of Action.

Example: (Grant Computation Only)



- o Under the standard filing unit provision C₁ and P₁ as well as C₂, C₃ and P₂ are required to be included in the assistance unit if otherwise eligible (MPP Section 44-205.41).
- o Under the Simon court order the family requests the exclusion of C₁ from the AU.
- o P₁ must also be excluded because the inclusion of P₁ was based solely on the inclusion of C₁ in the AU. P₁ must now be treated as an unrelated adult male (UAM)

(MPP Section 44-113.5). P₂ will remain in the AU as a parent of eligible children (C₂ and C₃).

The following illustrates how P₁'s income should be retrospectively budgeted.

<u>Situation</u>		
September	October	November
P ₁ & C ₁ are both included in the AU. P ₁ 's income=\$250 C ₁ 's income=\$200	P ₁ & C ₁ are both included in the AU. P ₁ 's income=\$250 C ₁ 's income=\$200	C ₁ is excluded from the AU effective 11/1/85. P ₁ is also excluded from the AU effective 11/1/85. P ₁ is now a UAM and UAM contributes \$100.

Grant Computation for November

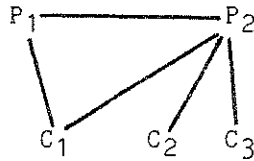
Pursuant to MPP Section 44-313.42 neither C₁'s income nor P₁'s income shall be retrospectively budgeted in determining the November grant. This is because C₁ and P₁ are excluded from the AU and neither one's income is deemed to the AU under MPP Section 44-133.3.

MAP for 3 (C ₂ , C ₃ & P ₂)	\$587
Less Income	- 0
November Grant	<u>\$587</u>

Grant computation for December will be the same as November.

The UAM contribution of \$100 shall be used to determine the January grant.

If P₁ is a stepfather to eligible children, C₂ and C₃, he has the option of remaining in the AU per MPP Section 44-203.312 provided that he meets the definition of an unemployed stepparent (Section 41-440.1). A case situation in which a stepfather opts for exclusion from the AU is illustrated below:



Half Brother Eligible
to C₂ & C₃ Children

-P₁ is an incapacitated stepparent who is also unemployed. Has disability benefits of \$250.

-C₁ has OASDI benefits of \$200.

-C₂ & C₃ are deprived due to the absence of their father.

- o C₁ as a Simon child is excluded from the AU effective November 1, 1985.
- o Effective November 1, 1985, P₁ also decides to be excluded from the AU because of his income.
- o P₁'s income from September and October is retrospectively budgeted to determine the November and December grants, respectively (Section 44-313.42). P₁'s income is deemed to the assistance unit through the stepparent computation according to Section 44-133.6 beginning in November (the amount that is considered to be available would be used in determining the January grant).
- o C₁'s income (\$200) from September shall not be used to determine the November grant as C₁ is excluded from the AU and his/her income is not deemed to the AU (Sections 44-133.6 and 44-313.42).

MAP for 3 (C ₂ , C ₃ & P ₂)	\$587
Less Income (P ₁ 's income from September)	<u>-250</u>
November Grant	\$337

- o Although the family's grant in November and December is slightly less than the grant in previous months, the family will receive a full grant (i.e., \$587) beginning with their January grant. This is because there will be no income deemed to the AU from the stepparent's income (\$250 < \$474 = MBSAC for 2).
- c) for denied or terminated cases in which the family wishes to reapply for aid, promptly contact the family by telephone or mail and set up a personal interview. The purpose of this interview is to redetermine the family's eligibility and grant amount without including related children with income and/or property or counting such income and/or property of the related children. A CA 2 shall be taken if it is not present in the case file or if circumstances have changed since the time of denial or termination. A CA 7 shall also be taken for each of the months for which aid will be granted. Rescind the

previous action of denial or termination if the family is found eligible, grant or restore aid, and send an appropriate Notice of Action.

For purposes of determining the beginning date of aid for cases that were denied, treat the date the denial action was taken as the date of authorization and determine the beginning date of aid according to MPP 44-317.11. (For example, if the application of October 18, 1985 was denied October 30, 1985, aid shall be granted effective October 30, 1985. If this application was denied November 5, 1985, aid shall be granted effective November 1, 1985.) For cases terminated, the action shall be rescinded and aid restored effective the first of the month following the date of termination (the earliest date would be November 1, 1985).

These rules on the beginning date of aid apply only to those cases denied or terminated on or after October 17, 1985.

- d) for cases in which the application for AFDC was granted on or after October 17, 1985 at the reduced amount, and the family requests the exclusion of related children with income, increase benefits to the amount to which they would otherwise have been entitled without counting the income of related children effective the original beginning date of aid.
- e) For purposes of implementing the Simon injunction, a claimant, whose application was denied because of the application of the challenged regulation, shall not be required to retroactively meet procedural eligibility conditions such as work registration, Social Security enumeration, etc.
- f) For current cases in which the family fails to respond to the informing notice or decides not to apply for more aid, no action is required at this time. However, during the annual redetermination review, the county shall explain to the family the option of including or excluding children with their own income and/or property from the AU.

4. Treatment of Payments Made Under the Simon Injunction

For purposes of determining continuing AFDC eligibility and grant amount, the retroactive payments issued as a result of the implementation of the Simon injunction shall not be considered as income or as property in the month paid nor in the month following receipt in accordance with MPP 44-340.6. Please refer to appropriate regulations regarding the treatment of these payments under the Food Stamp and Medi-Cal programs.

5. Reestablishing Federal Eligibility for Simon Cases When They Are No Longer Simon Cases

When Simon children (i.e., excluded children with income and/or property) are no longer present in the home or no longer have income and/or property, these cases must be reevaluated for federal AFDC eligibility. A question was raised regarding ongoing eligibility if an AFDC-U case loses its federally required connection to the labor force. We will examine the situation further and address the issue later.

6. Child Support Requirements for Simon Children

The child support requirements as provided in MPP Section 43-201.1 shall not apply to Simon children who are excluded from the AU and whose income and/or property are no longer considered in determining the family's eligibility and grant amount. These requirements are not applicable because there is no longer an application on behalf of those children.

7. Impact of the Simon Injunction on Refugee Cash Assistance/Entrant Cash Assistance (RCA/ECA)

The issue of whether the Simon injunction would apply to the RCA/ECA Program will be addressed later.

8. Redetermination of Medi-Cal Eligibility for Excluded Children

For purposes of determining continuing Medi-Cal eligibility for excluded children, follow the instructions from the State Department of Health Services on Edwards v. Myers as explained in All-County Welfare Director's Letter No. 82-25.

9. Statistical Reporting

Submit to the SDSS the following statistical information on or before August 1, 1986:

- a. the total number of cases to which the informing notice was sent;
- b. the total number of cases that responded to the informing notice;
- c. the total number of cases for which grant adjustments were made automatically (without sending the informing notice) and the total amount of increased grants for November 1985;
- d. the total number of cases for which grant adjustments were made and the total amount of the increased grants for November 1985;

- e. the total number of cases for which aid was restored and the total amounts paid for November 1985; and
- f. the total number of previously denied cases for which aid was granted and the total amounts paid for November 1985.

FISCAL CLAIMING INSTRUCTIONS

To claim reimbursement for cases affected by the Simon v. McMahon injunction, the following must be submitted with the Summary Report of Assistance Expenditures, Aid to Families with Dependent Children (AFDC), CA 800.

Per All-County Letter No. 84-121, a separate listing attached to the front of the AFDC payroll, titled Simon v. McMahon must accompany the CA 800. The list may be handwritten, typed or computer generated. It must contain the case number, case name, payment amounts, and the month and year for which the retroactive payments were made. Persons counts must also be reflected on the listing when applicable.

Simon v. McMahon payments are not eligible for federal financial participation (FFP). For those cases that were granted at the reduced amount on or after October 17, 1985, and the persons counts for such cases were originally claimed federal, it will be necessary to adjust the persons counts from federal to nonfederal status for the entire AU on Line 9 (Schedule of Adjustments) of the CA 800. The retroactive payments issued for these cases must be reflected as a prior month supplemental payment on Line 5 of the CA 800. These instructions are also applicable to ongoing cases, effective with the November 1, 1985 grant.

For those cases which were denied or terminated on or after October 17, 1985 it will be necessary to issue a prior month supplemental warrant. The warrant and the associated persons counts should be claimed on Line 5 of the CA 800.

WELFARE MAY OWE YOU MONEY

(Simon v. McMahon)

Your AFDC aid was stopped, reduced or denied because we included a child or children in your AFDC application when they had their own money.

We must now let you choose whether this child will be included in your grant.
You may be eligible for cash aid or more aid.

Fill out the bottom of this notice. Mail it to the address below, or bring it to your county welfare office as soon as you can.

Our address is: _____

- *****
- ☐ I now get cash aid. Please remove _____, my child(ren) with their own income, from my grant.
- ☐ I now get cash aid. I want to talk to a worker about my choices. Please set up an interview.
- ☐ My cash aid was denied or stopped. I want cash aid again. Please set up an interview.

Name: _____ AFDC Case No.: _____
Address: _____ Telephone No.: _____
Signature: _____ Date: _____

ES POSIBLE QUE EL DEPARTAMENTO DE BIENESTAR LE DEBA DINERO

(Simon contra McMahon)

Su ayuda de AFDC fue parada, reducida o negada porque incluimos un niño(s) en su solicitud para AFDC cuando él(ellos) tenía(n) su propio dinero.

Ahora tenemos que darle a escoger a usted si quiere que ese niño(a) sea incluido en el pago mensual. Es posible que usted sea elegible para ayuda monetaria o más ayuda.

Complete la parte inferior de esta notificación y envíela al domicilio que se indica abajo, o llévela a su departamento de bienestar tan pronto como le sea posible.

Nuestro domicilio es:

Ahora recibo ayuda monetaria. Por favor quite a _____, mi hijo(s) de mi pago mensual, ya que tiene sus propios ingresos.

Ahora recibo ayuda monetaria. Quiero hablar con un trabajador(a) sobre las alternativas que tengo. Por favor arreglen una entrevista.

Mi ayuda monetaria fue negada o parada. Otra vez quiero ayuda monetaria. Por favor arreglen una entrevista.

Nombre: _____ No. de caso de AFDC: _____
Dirección: _____ No. de teléfono: _____
Firma: _____ Fecha: _____

INSTRUCTIONS ON COMPLETING NOTICES OF ACTION

Attached are reproducible copies of the Notices of Action in English which are to be used for informing families covered by the Simon v. McMahon injunction of the effect on their AFDC grant or eligibility. (The Spanish version will be sent to you on approximately January 21, 1986.)

We have attempted to develop notices for the majority of case situations. However, the notice messages provided may not address every possibility. For these less common situations, you may need to develop additional messages to meet individual case circumstances. The Department has developed two blank notices that you may use when you need to develop additional messages: the "Simon v. McMahon Cash Aid - General Notice" and "Simon v. McMahon Cash Aid - General Notice Continuation Page".

You must copy the attached notices with the enclosed NA Back 5 on the reverse side. When you copy the General Continuation Page, leave the reverse side blank.

In the event that it is necessary to send more than one notice to a claimant, all notices must be sent to the claimant at the same time.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Under a new court order, the county can no longer count the income or property of a child if you do not want the child in your grant.

You did not want your child(ren) _____ in your grant.

We now owe you money for the past months shown below. Here's why:

- ☐ Your cash aid was less than it should have been because the income or property of your child(ren) was counted.
- ☐ We stopped your cash aid because:
 - ☐ You were not willing to apply for aid for your child(ren) with income or property.
 - ☐ You had too much income or property when the income or property of your child(ren) was counted.
- ☐ We denied your cash aid because:
 - ☐ You were not willing to apply for aid for your child(ren) with income or property.
 - ☐ You had too much income or property when the income or property of your child(ren) was counted.

Page 2 shows how
we figured the
amount of money
we owe you

<u>Back Aid</u> <u>We Owe You</u>	<u>For</u> <u>(month/year)</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
You'll get this amount.	\$ _____

- ☐ Your check is enclosed.
- ☐ You'll get a check soon.

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahon — Retroactive: Grant Increase, Restoration of Aid, Granting of Aid

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

After refiguring your AFDC aid, we have determined that you were underpaid for the following month(s) and years. We have figured the amount we owe you for the month(s) shown as follows:

Our Records Show:

	/	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
Total earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less work expense disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less dependent care disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less \$30 and 1/3 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less \$30 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Plus other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Less child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Total net nonexempt income:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Maximum aid for ____ persons:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less total net nonexempt income:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less overpayment adjustment:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Aid you are entitled to:	\$ _____	= \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
We took what you are entitled to:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less the AFDC aid you got:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahon — Computation Page (Back Aid.)

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

- ☐ The county is starting your cash aid again, as of _____
You will get \$ _____.
- ☐ The county is starting your cash aid, as of _____
You will get \$ _____.

Under a new court order, the county can no longer count the income or property of a child if you do not want the child in your grant.

You have the following child(ren) with income or property: _____

We stopped or denied your cash aid before because:

- ☐ You were not willing to apply for aid for those children.
- ☐ You had too much income or property when the income or property of those children was counted.

Your new monthly cash aid is figured below:

MONTHLY CASH AID AMOUNT

Total Earned Income	\$		Basic Aid for ____ Persons	\$	
Work Expense Disregard	-		Special Needs	+	
Dependent Care Disregard	-		Subtotal	=	
\$30 and 1-3 Disregard	-		Total Net Income		
\$30 Disregard	-		Subtotal	=	
Other Countable Income:			Overpayment Adjustment	-	
_____	+		(see page ____)		
_____	+		Monthly Cash Aid Payment	\$	
Court Ordered Support Paid	-				
Total Net Income	=				

- ☐ Your check is enclosed.
- ☐ You'll get a check soon.

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahon — Prospective: Restoration of Aid, Granting of Aid

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

The county is changing your aid from \$_____ to \$_____ as of _____.

Under a new court order, the county can no longer count the income or property of a child if you do not want the child in your grant.

You have the following child(ren) with income or property: _____.

We will take them out of your grant and stop counting their income.

Your new monthly cash aid amount is figured below:

MONTHLY CASH AID AMOUNT

Total Earned Income	\$		Basic Aid for ____ Persons	\$	
Work Expense Disregard	-		Special Needs	+	
Dependent Care Disregard	-		Subtotal	=	
\$30 and 1-3 Disregard	-		Total Net Income	-	
\$30 Disregard	-		Subtotal	=	
Other Countable Income			Overpayment Adjustment (see page ____)	-	
	+		Monthly Cash Aid Amount	\$	
	+				
Court Ordered Support Paid	-				
Total Net Income					

☐ Your check is enclosed.

☐ You'll get a check soon.

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahon — Prospective Grant Increase

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Under a new court order, the county can no longer count the income or property of a child if you do not want that child in your grant. We have reviewed your eligibility for cash aid without including your child(ren) _____

_____ who have income or property.

You are still not eligible because you have too much property. To be eligible for AFDC, your family can't have property worth more than \$1,000. The county counted your property as shown below.

Value	Property
1. \$ _____	_____
2. \$ _____	_____
3. \$ _____	_____
4. \$ _____	_____
5. \$ _____	_____
6. \$ _____	_____
7. \$ _____	_____
8. \$ _____	_____
9. \$ _____	_____
10. \$ _____	_____
TOTAL \$ _____	

Authority: Simon v. McMahan order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahan — Denial: Property

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Under a new court order, the county can no longer count the income or property of a child if you do not want that child in your grant. We have reviewed your eligibility for cash aid without including your child(ren) _____

_____ who have income or property.

You are still not eligible because you have too much income. The county counted your income as shown below.

185% Limit for _____
(MONTH)

Not eligible: Gross income (line 2) is more than
185% of the need standard set by the State (line 7).

1. Family Gross Income (list sources)

_____	\$	
_____	+	
_____	+	
_____	+	
2. Total Gross Income	=	

Family Needs for _____
(MONTH)
_____ People

3. Basic Need Standard	\$	
4. Special Needs	+	
5. Total Needs	=	
	x	1.85
7. 185% of Needs	=	

Authority: Simon v. McMahan order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahan — Denial: Gross Income

Notice of Action

If you have questions or want more information
about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Under a new court order, the county can no longer count the income or property of a child if you do not want that child in your grant. We have reviewed your eligibility for cash aid without including your child(ren) _____ who have income or property.

You are still not eligible because you have too much income. The county counted your income as shown below.

Financial ineligibility for _____ (month). Income (line 13) is more than needs (line 3).
--

Family Needs in _____ (month)

1. Basic Need Standard	\$	
2. Special Needs	+	
3. Total Needs	=	

Net Income for _____ (month).

4. Total Earned Income	\$	
5. Work Expense Disregard	-	
6. Dependent Care Disregard	-	
7. \$30 Disregard	-	
8. Subtotal	=	
9. 1/3 of line 8	-	
10. Other Countable Income (list sources)	+	
	+	
	+	
11. Child Support Collected by the County (financial eligibility only).	+	
12. Court Ordered Support Paid	-	
13. Total Net Income	=	

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Simon v. McMahon — Denial: Net Income

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Under a new court order, the county can no longer count the income or property of a child if you do not want that child in your grant. We have reviewed your eligibility for cash aid without including your child(ren) _____

_____ who have income or property.

You are still not eligible because:

☐ There is no eligible child in the home.

☐ Other _____

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Simon v. McMahon — Denial: No Eligible Child, Other

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

Authority: Simon v. McMahan order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Simon v. McMahan — Cash Aid General Notice

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

Authority: Simon v. McMahon order and ACL 86-04. You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.

Simon v. McMahon Cash Aid - General Notice - Continuation - 2

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS AND CASH AID†: If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only TDD (800) 952-8349*

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number		
()			
Address	City	State	Zip Code

I am requesting a state hearing because of an action by the welfare department of _____ county related to my family's: ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Adoption Assistance Program Payments

Reasons for my request:

☐ I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language	Dialect
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†If you request a state hearing and your benefits continue unchanged, the county can recover as an overpayment the cash aid and value of food stamps the hearing decision finds you were not eligible for. If you remain eligible to receive cash aid after the hearing, and you have no other income or resources, your grant will be reduced by 10% each month until the full amount of such overpayment is collected. If you do have other income or available property, the amount your grant will be reduced each month will be greater.

Check here if you want your benefits reduced or discontinued now, as described in this Notice of Action.

☐ Cash Aid ☐ Food Stamps

If you checked the box(es) and the hearing decision is in your favor, any lost benefits will be made up.

Signature	Date
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The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may

NA Back 5 (Cash Aid FS)

do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950.

SIMON V. McMAHON

SEND ONE COPY TO: DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES SECTION
744 P STREET, M.S. 12-81
SACRAMENTO, CALIFORNIA 95814
(916) 322-2230

STATISTICAL REPORT

NAME OF COUNTY SUBMITTING REPORT:

REPORTING PERIOD FOR PART

THIS REPORT IS

- ☐ Original Submission - (Due Date: August 1, 1986)
☐ Subsequent Report - (Due Date:)
☐ Revision Number

FROM: November 1, 1985TO: November 30, 1985**PART A.**

1. Total number of cases for which grant adjustments were made automatically (without sending the information notice).

2. Total amount of increased grants for which grant adjustments were made automatically (without sending the information notice).

\$

3. Total number of cases for which grant adjustments were made.

4. Total amount of the increased grants for which grant adjustments were made.

\$

5. Total number of cases for which aid was restored.

6. Total amounts paid for cases in which aid was restored.

\$

7. Total number of previously denied cases for which aid was granted.

8. Total amounts paid for the previously denied cases for which aid was granted.

\$

PART B.

1. Total number of cases to which the informing notice was sent.

2. Total number of cases that responded to the informing notice.

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE